

Renewal Application for Maintenance Gardener Pest Control Business License

BUSINESS LICENSE NO.: _____

Business Name: _____

Address: _____

City, State, Zip: _____

IMPORTANT – PLEASE READ!!

YOUR LICENSE WILL BE DELAYED IF ANY PART OF THE APPLICATION IS INCOMPLETE.

NOTE: The Department of Pesticide Regulation has established time periods for processing permit applications, in compliance with Government Code Sections 15374 - 15378. Failure to comply with these time periods may be appealed to the Secretary for Environmental Protection, California Environmental Protection Agency, 1001 I Street, Sacramento, CA 95814-2828, pursuant to the regulations set forth in Title 3, California Code of Regulations, Section 301. Under certain circumstances, the Secretary may order a reimbursement of filing fees.

The Maintenance Gardener Pest Control Business License is issued for two years.

1. CHANGE OF NAME/ADDRESS. Section 6508 of Title 3, California Code of Regulations requires every person to whom a license or certificate is issued to immediately notify the director of any change in name, address, business organization, or any other matter shown in the application. Licenses and certificates are not transferable, and in case of a change of business organization or ownership, a new application and fee are required. No fee is required for a business name or address change, or for a name or address change of a licensee or certificate holder. PLEASE INDICATE CORRECTIONS TO THE NAME/ADDRESS THAT APPEAR ON THIS FORM IN THE SPACE PROVIDED ABOVE.

2. WORKERS COMPENSATION. If you have employees, you must provide the name of the Workers Compensation Insurance Carrier, policy number and policy expiration date:

NAME OF WORKERS COMP. INSURANCE CARRIER

POLICY NUMBER

EXPIRATION DATE

3. FINANCIAL RESPONSIBILITY REQUIREMENT (check one):

☐ I declare, under penalty of perjury, that as to chemical bodily injury and chemical property damage resulting from my pest control operations, I am financially able to respond to damages using my own personal assets, OR,

☐ I have complied with this requirement by obtaining liability insurance, through the following expiration date, in an amount not less than what is specified on the financial responsibility requirements statement (see enclosed for Financial Responsibility Options).

NAME OF INSURANCE CARRIER

POLICY NUMBER

EXPIRATION DATE

4. FEE. Enclose a check/money order/credit card payment for the total amount due, payable to CASHIER, Department of Pesticide Regulation. Mail the payment and application form in the enclosed envelope to: Cashier, Department of Pesticide Regulation, P.O. BOX 4015, Sacramento, CA 95812-4015.

The Renewal Fee is non-refundable.

TOTAL FEE (on or before 12/31/01): _____

TOTAL FEE AFTER 12/31/01: _____

5. SIGN AND DATE the Renewal Application form.

SIGNATURE

TITLE

DATE

RENEWED

PROBLEM

DATA ENTRY

RC